

**RABIES EXAMINATION REQUEST/REPORT**

1. Please provide the patient information requested.
2. Type or print with pressure.
3. Send all copies of this form with specimen to laboratory.

TYPE OF ANIMAL

☐ DOG ☐ CAT ☐ BAT ☐ OTHER \_\_\_\_\_

DATE SPECIMEN COLLECTED

EXPOSURE

☐ HUMAN☐ PET/DOMESTIC ANIMAL☐ POTENTIAL/UNKNOWN (reason for test)**The following information MUST BE PROVIDED before testing can be performed:**

PERSON'S NAME AUTHORIZED TO RECEIVE PHONE RESULTS:

FACILITY/LAB PHONE NUMBER

FACILITY/LABORATORY NAME

FACILITY/LABORATORY STREET/MAILING ADDRESS

FACILITY/LABORATORY CITY, STATE &amp; ZIP CODE

NAME OF EXPOSED PERSON

ADDRESS (STREET, CITY, STATE, ZIP)

COUNTY

TELEPHONE NUMBER

VETERINARIAN'S NAME

VETERINARIAN'S TELEPHONE NO.

PHYSICIAN'S NAME

PHYSICIAN'S TELEPHONE NO.

**PLACE FORM  
IN  
ENVELOPE**

STATE LAB

SERIAL NO.

**FOR STATE HEALTH LAB USE ONLY**

DATE REPORTED:

DIRECT FLUORESCENT ANTIBODY TEST RESULTS

**RABIES VIRUS:**☐ FOUND☐ NOT FOUND☐ UNSATISFACTORY SPECIMEN☐ UNACCEPTABLE SPECIMEN

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
307 W MCCARTY, PO BOX 570  
JEFFERSON CITY MO 65101

EOAA EMPLOYER  
Services Provided on a non-Discriminatory Basis